GROUP CRITICAL ILLNESS INSURANCE

Cash benefits. Support through recovery.

Lump-sum cash benefits for covered critical illness diagnoses, subject to the policy's definitions and limits.

Allstate / The Standard
Insurance company: **American Heritage Life Insurance Company**

This is limited-benefit supplemental coverage, not major medical insurance or a Medicare supplement. Georgia-form reference. Availability and enrollment choices vary by state and employer group. Refer to the separate uni-tobacco premium schedule.

4 employer plan levels	Cash benefit	Dependents
$10,000-$40,000 employee basic benefits	Use it for the expenses you choose	Coverage can include family members

Keep your focus on getting better.

A critical illness can affect your income and everyday expenses. A covered diagnosis may qualify for a lump-sum cash benefit to help with your mortgage or rent, utilities, travel for treatment, or protecting savings and retirement funds.

How it works

1. Review the basic-benefit level chosen by your employer and any enrollment choices offered by that plan.
2. Premiums are deducted each pay period.
3. For a covered diagnosis, file a claim for the applicable cash benefit.

Benefits that work alongside coverage

- Guaranteed-issue coverage is subject to exclusions and limitations.
- Benefits are paid regardless of other medical or disability plan coverage.
- Coverage may continue under the certificate's provisions.

A fictional recovery example

Carlos' doctor detects a heart condition during a wellness exam. After further testing, he is diagnosed with coronary artery disease and has bypass surgery, spending four days in the hospital. His doctor estimates six to eight weeks of recovery. The example includes claims for the fixed wellness rider and coronary artery bypass surgery. Individual experiences vary; this is not a promise of claim approval or a specific payment.

Help when you need to file a claim

Premier Protection recommends Whitten & Associates' claims center: **(800) 662-5099** or **(256) 764-6972**. You may also contact the insurer directly. MyBenefits supports claim filing/history, coverage documents, personal-information changes and authorized benefit direct deposit: standard.com/ahl/mybenefits.

Read all four pages together. Premiums by issue age and coverage tier are on the separate critical illness rate sheet.

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Know the benefit amounts.

This is limited-benefit supplemental coverage, not major medical insurance or a Medicare supplement. Your employer chooses a basic-benefit level of $10,000, $20,000, $30,000 or $40,000. Percentages below apply to that basic benefit.

Employee benefit amounts by basic-benefit option

Covered benefit	$10,000	$20,000	$30,000	$40,000
Initial critical illness				
Heart attack (100%)	$10,000	$20,000	$30,000	$40,000
Stroke (100%)	$10,000	$20,000	$30,000	$40,000
End stage renal failure (100%)	$10,000	$20,000	$30,000	$40,000
Major organ transplant (100%)	$10,000	$20,000	$30,000	$40,000
Coronary artery bypass surgery (25%)	$2,500	$5,000	$7,500	$10,000
Cancer critical illness				
Invasive cancer (100%)	$10,000	$20,000	$30,000	$40,000
Carcinoma in situ (25%)	$2,500	$5,000	$7,500	$10,000
Rider benefits				
Skin cancer rider	$250	$250	$250	$250
Fixed wellness rider (per year)	$50	$50	$50	$50

Premium waiver

Included for the employee only in all four options. The disability and waiting-period conditions are described on page 3.

Reoccurrence benefits

All four options include initial and cancer critical illness reoccurrence benefits at the same amount as the respective initial or cancer benefit, subject to the diagnosis/treatment timing and other conditions on page 3.

Covered dependents

Covered dependents receive 50% of the employee initial, cancer and reoccurrence benefit amounts.

A diagnosis must meet the policy definition. Read the medical definitions, benefit conditions, exclusions and certificate terms on pages 3 and 4. This brochure contains benefit amounts; premiums remain on the separate rate sheet.

GROUP CRITICAL ILLNESS INSURANCE

Understand the definitions.

The policy definitions and benefit conditions determine whether a diagnosis qualifies.

Initial critical illness definitions

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra- cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid for the same major organ; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

Cancer definitions

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

Reoccurrence of critical illness

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

Rider benefits

Skin Cancer Rider - includes diagnosis of basal cell carcinoma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Fixed Wellness Rider - 24 exams. Once per person, per calendar year for one of the following wellness services and tests: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms

Benefit conditions

Benefits - Benefits paid upon diagnosis of the following conditions (subject to maximums as listed on page 2) *Benefits paid once per covered person. When all benefits in this category are paid, the coverage terminates.

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Read the certificate terms.

Eligibility, exclusions, coverage termination and the original insurer and enrollment disclosures.

Certificate specifications

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; when all benefits have been paid under the policy and riders; or the date you request to discontinue coverage.

Continuing Your Coverage - You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Conditions, exclusions and limitations

Conditions and Limits - A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The basic-benefit amounts paid for all critical illnesses combined will never exceed $250,000 for each covered person.

Critical Illness Certificate Exclusions and Limitations - Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self- destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician; or hospital confinement due to mental illness.

Form and enrollment disclosures

This brochure is for use in enrollments situsedin GA. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

Rev. 1/26. This material is valid as long as information remains current, but in no event later than January 1, 2029.

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Skin Cancer Rider GCIP4SCR; Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insuring company

The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc. standard.com or standard.com/ ahl

Product availability and attribution

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company. Underwritten by: American Heritage Life Insurance Company